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FACSIMILE COVER SHEET

DATE:

December 29, 2004

TO: Examiner

Jeffrey A. Smith

Fax No.: (703) 872 9306

TC Art Unit: 3625

FROM:

Thomas O. Hoover

No. of pages transmitted

(including this page): 16

Our File:

BIH-001AX (formerly 301492.1095-007)

Time:

ne:

Your Ref:

Application No.: 09/307,195 Filed Date: May 7, 1999 Confirmation No.: 4520 Sent by: Diana Ruiz

A confirmation copy of this transmission will not be mailed unless the following is checked: []

MESSAGE

PLEASE DELIVER <u>DIRECTLY</u> TO: EXAMINER Jeffrey A. Smith, Tel. (703) 308 - 3588 TC ART UNIT NO: 3625

FOR ENTRY

Enclosed for filing please find an:

Amendment and a Change of Correspondence Address Application

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.

Attorney for Applicant: Thomas O. Hoover

Registration No.: 32,470

TOH/dxr

THIS MESSAGE MAY CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION INTENDED ONLY FOR THE PERSON(S) IDENTIFIED ABOVE. IF IT HAS BEEN RECEIVED AT ANY OTHER PLACE OR HAS NOT BEEN CLEARLY RECEIVED, PLEASE CALL THE ABOVE IDENTIFIED SENDING PARTY COLLECT FOR INSTRUCTIONS. DO NOT SHOW OR DISTRIBUTE THIS MESSAGE TO ANYONE OTHER THAN THE INTENDED RECIPIENT(S). THANK YOU.

Application No.: 09/307,195 Filed: May 7, 1999 TC Art Unit: 3625 Confirmation No.: 4520

Rev 12/04

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Boston, Massachusetts 02109 Telephone: (617) 542-2290 Telecopier: (617) 451-0313

<u>Via Facsimile</u> COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Date: December 29, 2004

Attorney

Docket No.: BIH-001AX Formerly 301492.1095-007

Sir:

In re application of: William Cohn

Entitled: SURGICAL RETRACTOR

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$______) per §1.17(e).

 [] Enter the unentered amendment previously filed on ______ per §1.116.
- [X] A Petition for Extension of Time for 3 month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$1,020.00) per §1.17.
- [X] In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- [X] Other: CHANGE OF CORRESPONDENCE ADDRESS APPLICATION

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	5 - 5	= 0	x \$200.00 =	0.00
Total	50 - 50	= 0	x \$ 50.00 =	0.00
[] Multiple Dependent Claims (1st presentation) + \$360.00 =				0.00
SUPPOTAL DENTONAL PER				0.00
Small Entity filing, divide by 2. Small Entity status must be asserted.				
TOTAL ADDIES NEED TO THE PARTY NEED TOTAL ADDIES NEED TO THE PARTY				0,00

- [X] No additional fee. [] The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$______) for the cost of same.
- [X] The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Smith, TC Art Unit 3625, Fax No. (703)

872 9306, on December 29, 2004

Attorney of Record: Thomas O. Hoover

Registration No.: 32,470

TOH/dxr